

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**



APPLICANT'S STATEMENT OF DISABILITY
In Connection With Disability Retirement Under the Civil Service Retirement System

Form Approved:
OMB No: 3206-0133
Expiration Date: 3/31/93

1. Name of applicant (<i>last, first, middle</i>)		2. Date of birth (<i>mo., day, yr.</i>)		3. Social Security Number	
4. Describe how you are deficient in your job with respect to performance, attendance, or conduct.					
5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.					
6. Describe any other restrictions of your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified.					
7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position or another position?					
8. Give the approximate date you became disabled for your position (<i>mo., yr.</i>).			9. Have you been hospitalized for your medical condition(s) (i.e., disease or injury) as described in item 5? <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> No<input type="checkbox"/> Yes</div>		
			Give date of most recent hospitalization		
10. List physician(s) from whom you plan to request Physician's Statement (SF 2824C).					
11. Applicant's Consent and Certification		I certify that all statements made above are true to the best of my knowledge and belief. I give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials. I have read and understand all of the information provided in the instructions to this application.			
WARNING Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)			Signature (<i>Do not print</i>)		
			Date		Telephone number during office hours
PRIVACY ACT AND PUBLIC BURDEN STATEMENTS					
<small>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are</small>			<small>investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for us to determine your eligibility to receive benefits. We think this form takes an average 30 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget Paperwork Reduction Project (3206-0133), Washington, D.C. 20503.</small>		